1AN)

PTO/SB/22 (07-06)

PF				
PETI	TION FOR EXTENSION OF TIME UNDER 37	CFR 1.136(a)	Docket Number (Optional)	020306-001100US
Feest Distribution for the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10 8,860			Filed December 17, 2004	
For	HEMODARA LUMINAL ENDOPROSTHESIS		<u> </u>	
Art Unit 3738			Examiner Paul B. Prebilic	
	s a request under the provisions of 37 CFR 1.136(a cation.) to extend the pe	eriod for filing a reply in the	above identified
The r	equested extension and fee are as follows (check ti	me period desired	d and enter the appropriate	fee below):
		<u>Fee</u>	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_60
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
\boxtimes	Applicant claims small entity status. See 37 CFR 1.27.			
	A check in the amount of the fee is enclosed.			
	Payment by credit card. Form PTO-2038 is attached.			
	The Director has already been authorized to charge fees in this application to a Deposit Account.			
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number			
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
	attorney or agent of record. Registration Number <u>52,005</u>			
	attorney or agent under 37 CFR 1 Registration number if acting und			
	K Brian mattock		02/26/07	
-	Signature		03/05/2007 TBESHAHI Date	0006 201430 1051886
_	K. Brian Matlock		01 FC:225-472-50000	3 DA
	Typed or printed name		Telephone N	umber
	Signatures of all the inventors or assignees of record of the entire nature is required, see below.	interest or their repres	sentative(s) are required. Submit r	nultiple forms if more than
\square	Total of forms are sub-	nitted.		